



Transforming and
Expanding
Access to
Mental Health Care in

Urban
Pediatrics

Problem Solving Education

August 21, 2020

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The presenters do not have anything to disclose regarding commercial interests and do not plan on discussing unlabeled/investigational uses of a commercial product.

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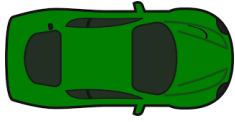
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Agenda

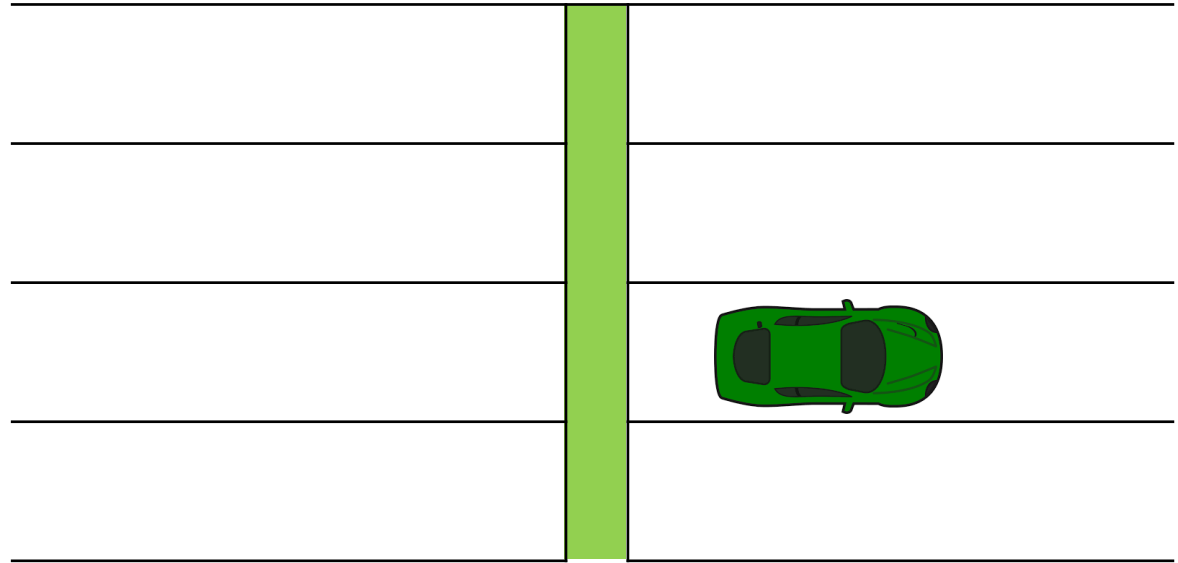
9:00am - 9:10am	Welcome, Agenda, and Housekeeping (10 mins)
9:10am - 9:25am	CHW/Roles and Responsibilities Overview (15 min)
9:25am - 10:00am	Video Introduction to Problem Solving Education (PSE) (35 min)
10:00am - 10:30am	PSE Overview (30min)
10:30am-10:40am	BREAK (10 min)
10:40am – 11:05am	The 7 steps of PSE (25min)
11:05am – 11:30am	Practice in Breakout groups (25min)
11:30am-11:45am	Feedback on Breakout/Questions
11:45am-12:05pm	BREAK (20 min)
12:05pm – 12:25pm	PSE in your clinic (20 min)
12:25pm –1:00pm	PSE Logistics/Parking Lot (35min)
1:00pm - 1:10pm	WRAP UP (10 min)

- ✓ Please add your CHC to your Zoom ID and if you would like, your preferred pronouns.
- ✓ Please remember to mute if you are not speaking.
- ✓ Feel free to use the chat function for ongoing comments and questions. We will keep a record.
- ✓ Do what you need to take care of yourself throughout the session.

****This training (and all future trainings)
will be recorded.**



Park your
PRACTICE
TRANSFORMATION
QUESTIONS
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*Got a question about how the clinical training
impacts a workflow?*

*Got it down in the chat, with the header
“PT Parking Lot”.*

*We’ll respond either during the training event
and/or follow-up after.*

- The role is rewarding and fulfilling;
- The role works well for patients, the care team, and the health center; and
- The role is sustainable long term.

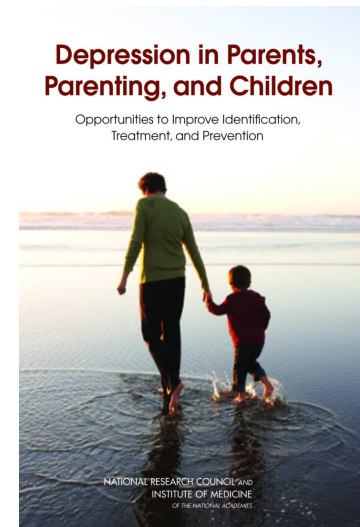


- **Parent coaching and support**, including outreach to and engagement with families to promote healthy development and access to care and services
- **Linkage** to basic needs resources and community services
- **Care coordination** to help with multiple appointments, different sites of care, etc.
- **Screening and support for referrals**, such as Early Intervention, stepped up care, etc.
- **Population Health Management**, such as outreach to families lost to care or with care gaps
- **Engagement in community outreach** events to promote public health messages and describe services available in Pediatrics

- Thoughts about the interaction
- What is your experience of working with families



- The Institute of Medicine (IOM) Report *Depression in Parents, Parenting and Children* (2009), highlighted the importance of developing innovative strategies to prevent depression in parents.
 - Impact of Parental Depression on child outcomes
 - Increased prevalence of depression among parents of vulnerable children
 - Evidence that approximately 22% of major depressive episodes can be prevented (Cuijpers, 2008)



1. Prevention requires a paradigm shift
2. Mental Health and physical health are inseparable
3. Successful prevention is inherently interdisciplinary
4. Mental, emotional and behavioral disorders are developmental
5. Developmental perspective is key
- 6. Coordinated community level systems are needed to support children and families**

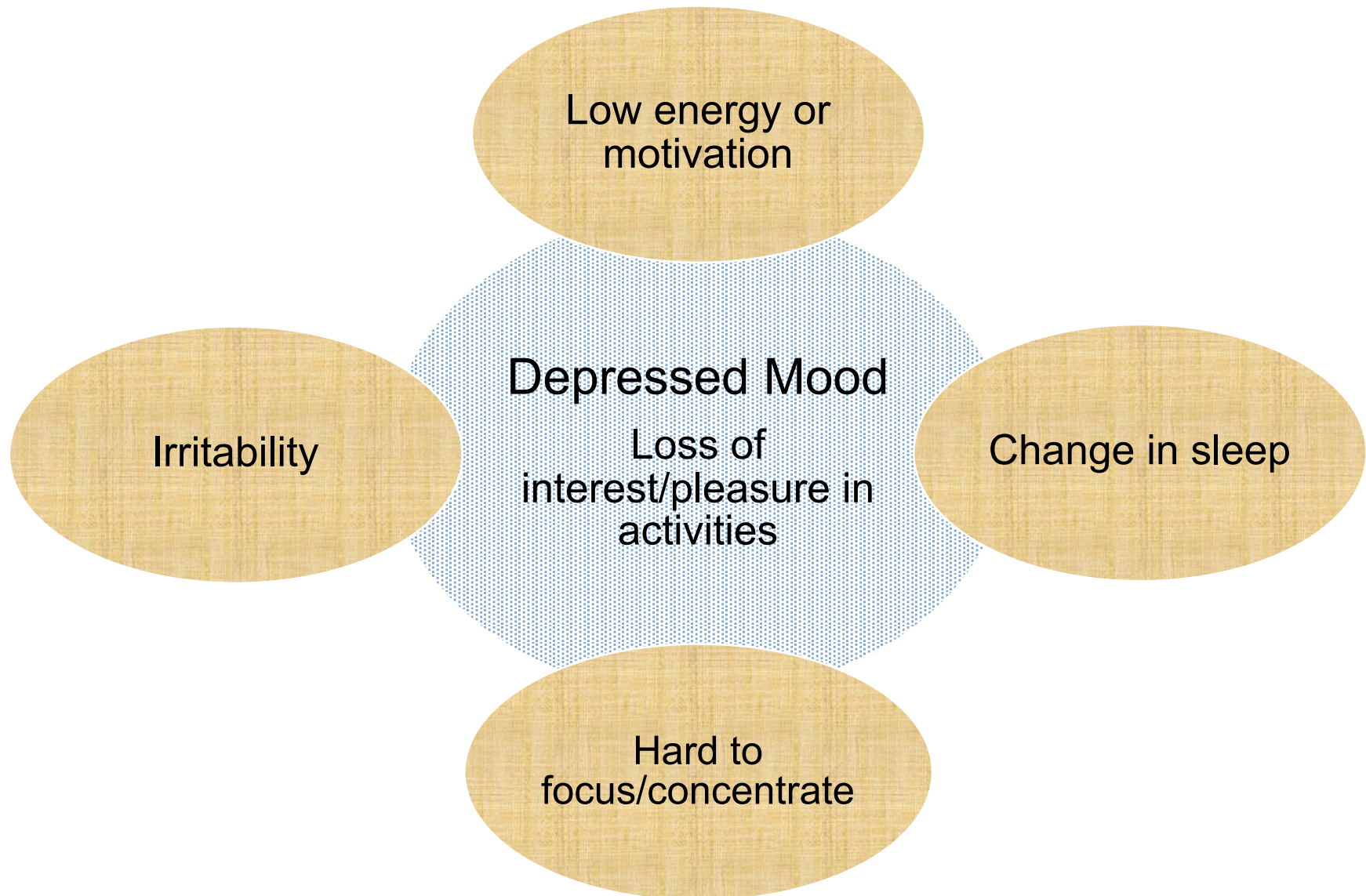
Specific Risks

- Extensive family history of depression, especially parents
- Prior history of depression
- Cognitive style
- Bereavement



General (at risk for many disorders)

- Exposure to trauma
- Poverty
- Social Isolation
- Job loss
- Unemployment
- Family Breakup
- Loss of Community
- Dislocation/immigration
- Historical trauma



- Behavioral dysregulation
 - Infants - irritability, eating and sleeping problems
 - Toddlers and school aged children - poor interpersonal skills and self-control
- Inappropriate healthcare utilization
 - 2-times the rate of complaint-based visits
 - 30% increase in emergency department utilization
 - Poor adherence to medication and treatment regimens
- Increased risk of mental health disorders

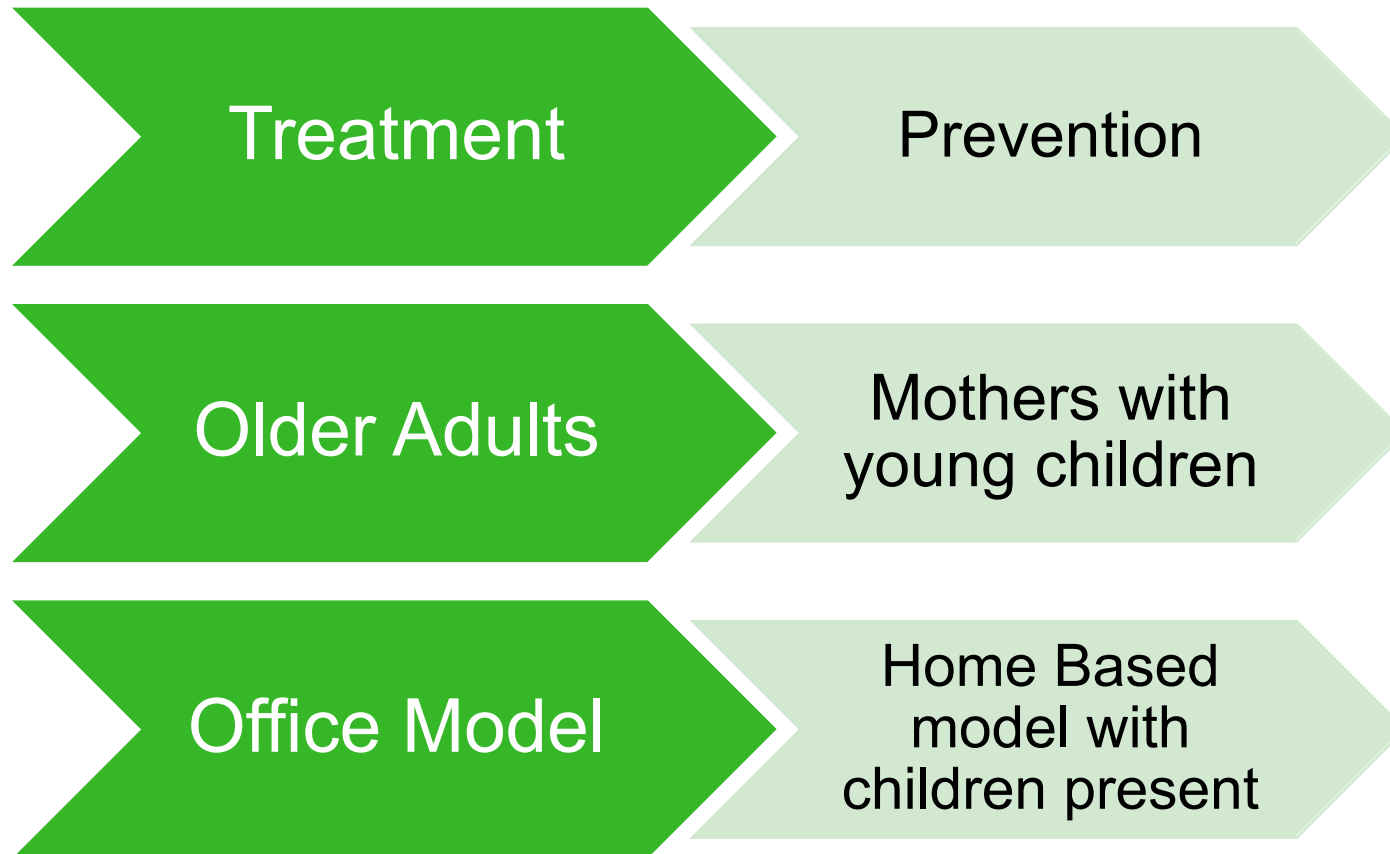
Parents who are depressed...

- Can be difficult to engage during clinic and home visits
- Can be difficult to schedule and provide visits in a consistent and continuous manner
- Have difficulty keeping appointments and engaging with appropriate care
- Have difficulty organizing and planning for optimal family health

Leads to uncoordinated and disrupted care

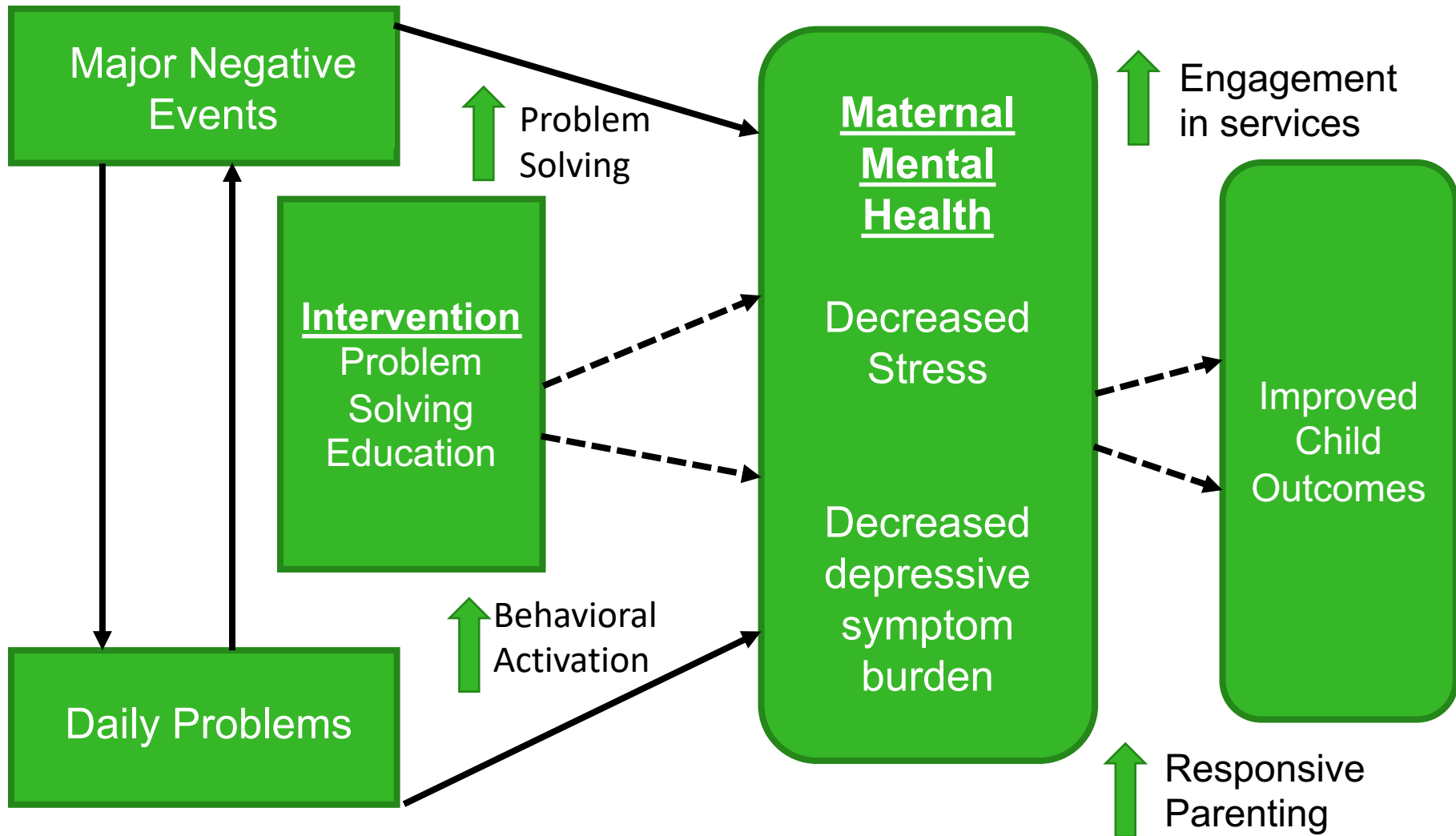
- **Maternal Depression can have a profound effect on all aspects of a child's health**
 - **Physical Health like asthma**
 - **Child depression and other psychiatric disorders**
 - **Learning and behavioral difficulties**
 - **Low academic achievement**
 - **Ability to engage and attend regular pediatric appointments**

- Routine Screening and Assessment
- Mothers with Major Depressive Disorder
 - Referral to evidence based treatments
 - Cognitive Behavioral Therapy
 - Interpersonal Therapy
 - Antidepressant medication
- Mothers at risk of or with symptoms
 - Responsive to less intensive and preventive approaches focused on mood management
 - Develop effective skills for coping with stress



- **Project Goals**
 - Support maternal well-being/prevent depression
 - Improve mother's problem solving skills
 - Increase community agencies capacity to support maternal mental health
 - Early Intervention (autism), Head Start, NICU
 - **Test Problem Solving Education (PSE) intervention**
 - A brief structured cognitive intervention focused on problem solving skills teaching and empowering parents to tackle issues in their life that are stressful, but in a manageable way

- Autism study – mothers of children with ASD
 - Decreased parenting stress
 - Decreased risk of developing depression
- Head Start – mothers of children in Head Start
 - Decreased risk of developing depression
- Healthy Start in Housing – homeless mothers
 - Paired with Healthy Baby Healthy Child case management
- NICU study – mother of infants born prematurely



Problem	% of sessions	Examples
Child-related issues	38%	"Feel shackled to the house because of child's therapists" "Need to find a full-day school program for son" "I can't discuss child's diagnosis with relatives/friends" "Child screams/cries all day and I get frustrated and often scream back."
Maternal personal issues	21%	"I need to lose weight" "I have a phobia of going to the doctor's office and I need to make an appointment" "No health insurance for myself" "I need to work on finding parenting groups"
Time management, household management	15%	"Trouble getting out of the house by 8am" "Too much laundry to do and no time to do it" "Kitchen is dirty and causing stress"
Family basic needs	10%	"How to get SSI for my son" "I am stressed because my bills are not getting done" "I don't know how to fix my credit" "Need to renew childcare voucher"
Employment/Family economic stability	8%	"I have been out of the workplace program for about a week while the kids were sick and I could lose [childcare] voucher" "Getting to the employment agency to apply for a position"
Family and community relationships	8%	"I would like to apply for sole custody to prevent any further problems with visitation" "Child's father shows up at apartment unannounced and he is very controlling; checking up on my parenting; makes me feel bad and insecure" "My mother pressures me when I discipline my child"


Problem	% of sessions	Examples
Housing and household maintenance / set up	23%	"I have a problem with pests where I am living" "I am not comfortable in my current living situation" "I don't have furniture for my new apartment" "I received a bad reference from my previous landlord"
Education / professional development and employment	17%	"I need to get my GED" "I am not getting the hours I need in my current job" "Job hunt not yielding work" "I lost my job"
Childcare / child concerns	15%	"I want to go to school but don't have daycare for the baby" "I don't have anyone to watch the baby so I can get things done" "I lost my childcare voucher" "The pediatrician said my son is overweight"
Health / health care	11%	"I am unhealthy and need to lose weight" "I have to get hernia surgery and will be away from my family" "I have been having trouble with my anxiety lately"
Money / budgeting	9%	"I don't have any money in savings" "I am not making enough money to cover my needs" "I don't have enough money to pay rent this month"
Transportation	5%	"I don't have transportation for my son" "I don't have a way to get to school from my new housing" "I don't have transportation to daycare"

- How did it work?
 - Viewed positively by participants and staff
 - 79% of participants found PSE helpful
 - 84% of participants reported using PSE in daily life
 - 82% of staff felt PSE was a valuable tool in their work
 - 89% of staff felt sessions helped participants cope
 - 97% of participants got the full number of sessions
 - 96% of sessions met fidelity standards
 - Some *challenges*:
 - Meeting weekly or biweekly as proposed
 - Traveling to meet participants in shelters far from Boston

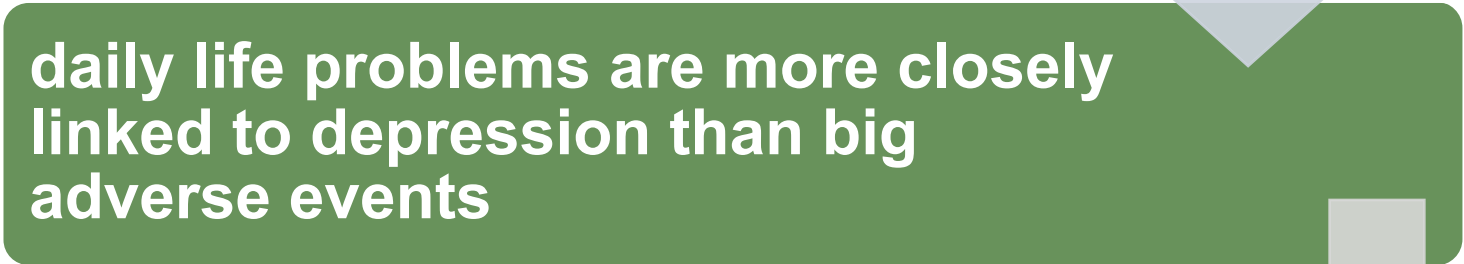


The 7 Steps of Problem Solving Education

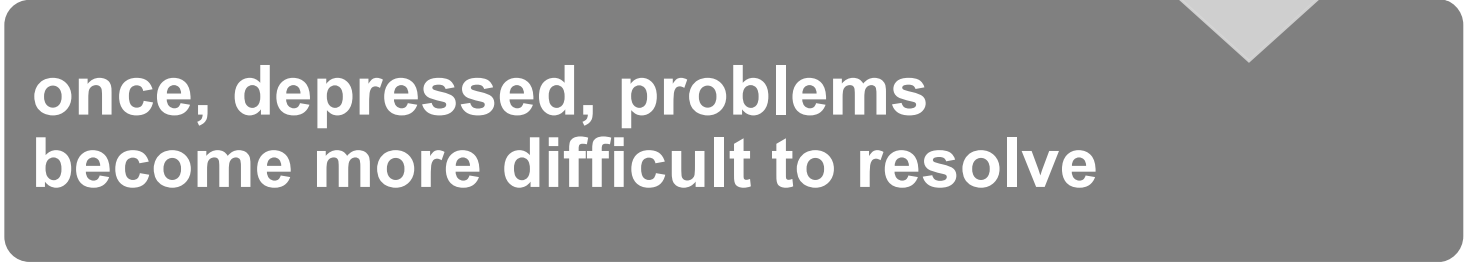
**weak problem solving skills
predispose us to depression**



**daily life problems are more closely
linked to depression than big
adverse events**



**once, depressed, problems
become more difficult to resolve**

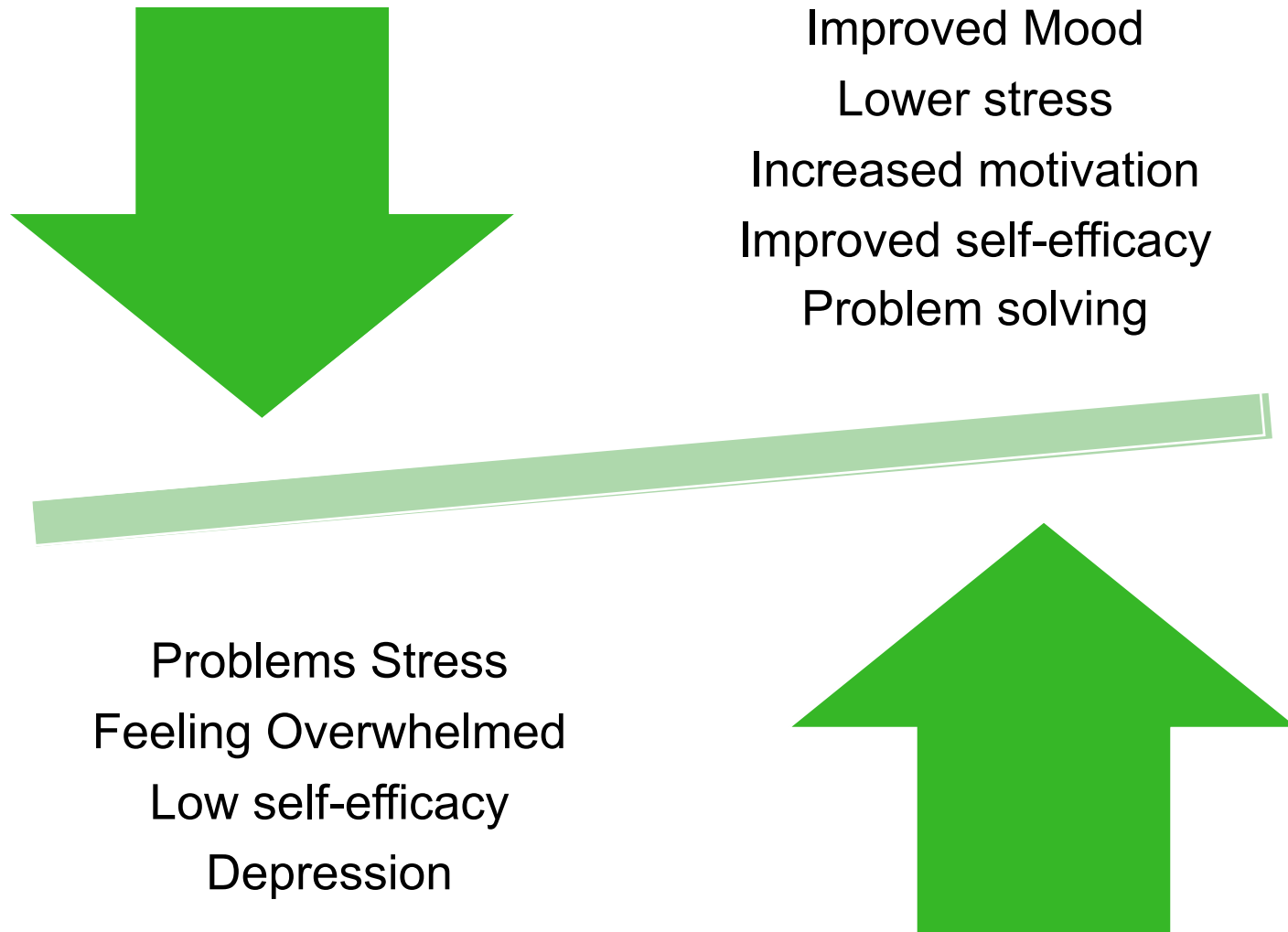


- Aim to renew a sense of control over problems
- Used to reduce stress and prevent depression in the future
- Aim to increase behavioral activation and increased mastery, self efficacy and self esteem



PSE is NOT Depression Treatment

- Preventing increase in stress and depression symptoms
- Improving functioning
- Helping mothers feel less overwhelmed and more in control
- Promoting wellbeing of children and families



Increase understanding of the link between current problems, stress and depression risk

Define problems and set concrete, realistic goals

Teach a systematic problem-solving strategy

Promote behavioral activation with concrete tasks including pleasant social and physical activities

Introduce PSE

5 minutes



Agenda Setting

10 minutes



Conducting PSE Session 1

20 minutes



Closing PSE Session

5 main tasks:

1. Explain the structure of PSE
2. Why should we use problem-solving
3. Explain the link between problems and feelings
4. Describe the 7 steps of PSE (optional)
5. Explain pleasant activities and behavioral activation



- Have a conversation and understand the family's life
 - *Walk me through a typical day for you and your family*
- Stay focused in the present
 - *What is currently important for you and your family*
- Target Current Stressors
 - Child Health
 - Family Health
 - Social Determinants of Health
 - Housing, Food, Transportation, Childcare
 - Relationship



Introduce PSE

5 minutes



Agenda Setting

10 minutes



Conducting PSE Session 1

20 minutes



Closing PSE Session

1. EXPLORING THE PROBLEM



2. SETTING A REALISTIC GOAL



3. BRAINSTORMING SOLUTIONS



4. EXAMINING PROS & CONS



5. CHOOSING THE SOLUTION



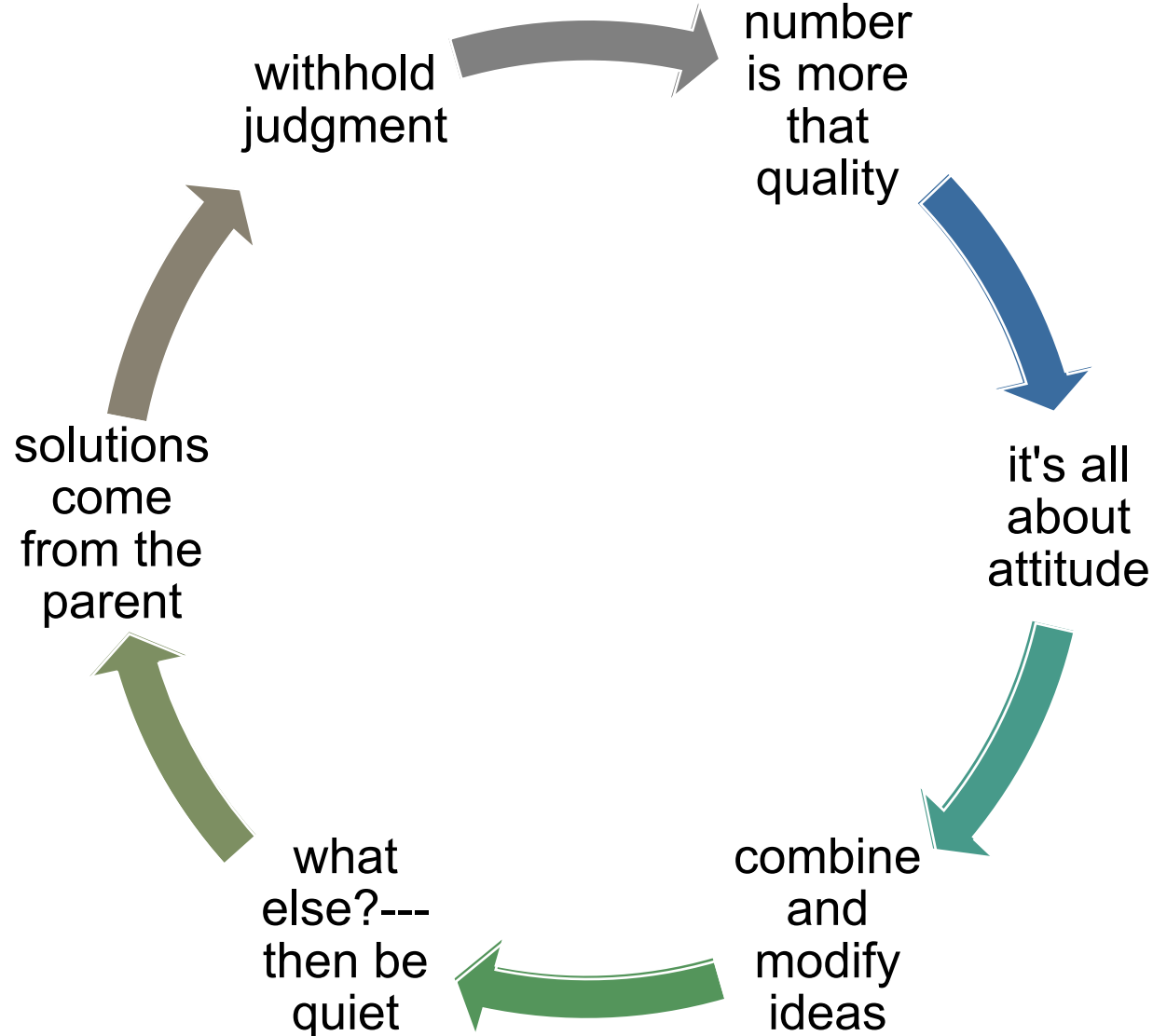
6. MAKING AN ACTION PLAN



7. REVIEWING TASKS FROM LAST SESSION

- Explore and clarify:
 - Who, What, Where, When, Why?
 - What have you already tried?
 - What have your friends suggested you try?
- Break down complex problems
- Must be observable and measurable:
 - Ask self: “Can I picture this?”
 - Think function
 - “I stay home alone” is objective.
- Must be controllable
 - Patient must have control in the matter
 - Symptoms (e.g., “unhappy”) are not directly controllable
 - “Staying home alone” can be directly changed

- Follows directly from the problem definition
 - “If the problem weren’t there, how would things be different?”
 - When needed, start with the goal and work backwards to identify a problem
- Goal must be observable and measurable
 - Improved self-esteem is not objective.
 - Going out with friends is objective.
- Goal must be achievable
 - i.e., prior to next visit
 - Either they met the goal or they didn’t



	A LITTLE	MEDIUM	A LOT
EFFORT	X		
TIME		X	
MONEY		X	
INVOLVING OTHERS			X
EMOTIONAL IMPACT			NONE

**Review
pros and
cons
between
solutions**

**Solution
must
satisfy the
goal**

**Review
the
rational
for their
choice**

**Give
information
to help
them get
started**

**Limit
negative
impact-
avoid
failure if
you can
help it**

**Specify Tasks
identified**

**Anticipate
obstacles**

**Realistic
behavior
requirements**

**Plan pleasant
activities,
socializing and
physical activity**



- Review all tasks set by parent during the last session
- ***Reinforce success!***
- Explore failure: use MI skills: OARS and Rulers
 - Low motivation?
 - Inappropriate goals?
 - Wrong choice of solution?
 - Unforeseen obstacles?
- Rate satisfaction with effort on task & pleasant activity
- Rate mood (using faces)
- Reinforce the rationale for continued problem solving

O.A.R.S: The building blocks of motivational interviewing

O

Open ended
questions

Helps ensure
your patient
does most of the
talking.

"How do you usually
manage your
medications?"

A

Affirmations

Builds rapport
and make your
patient feel
understood.

"Must be hard to
remember meds in
the morning"

R

Reflective
Listening

Helps the patient
identify
discrepancies in
their thinking.

"I'm hearing that
your meds don't
seem to work, right?"

S

Summarizing

Reinforces the
commitments the
patient made to
change.

"So you decided to
set a phone reminder
for your meds."

- Keep a running commentary of what is happening in session
 - Cue parent to each step of the process
 - Summarize process at end of session
- Remember, PSE is about strengthening problem-solving skills
- Gradually turn over the process of running PSE sessions to the parent

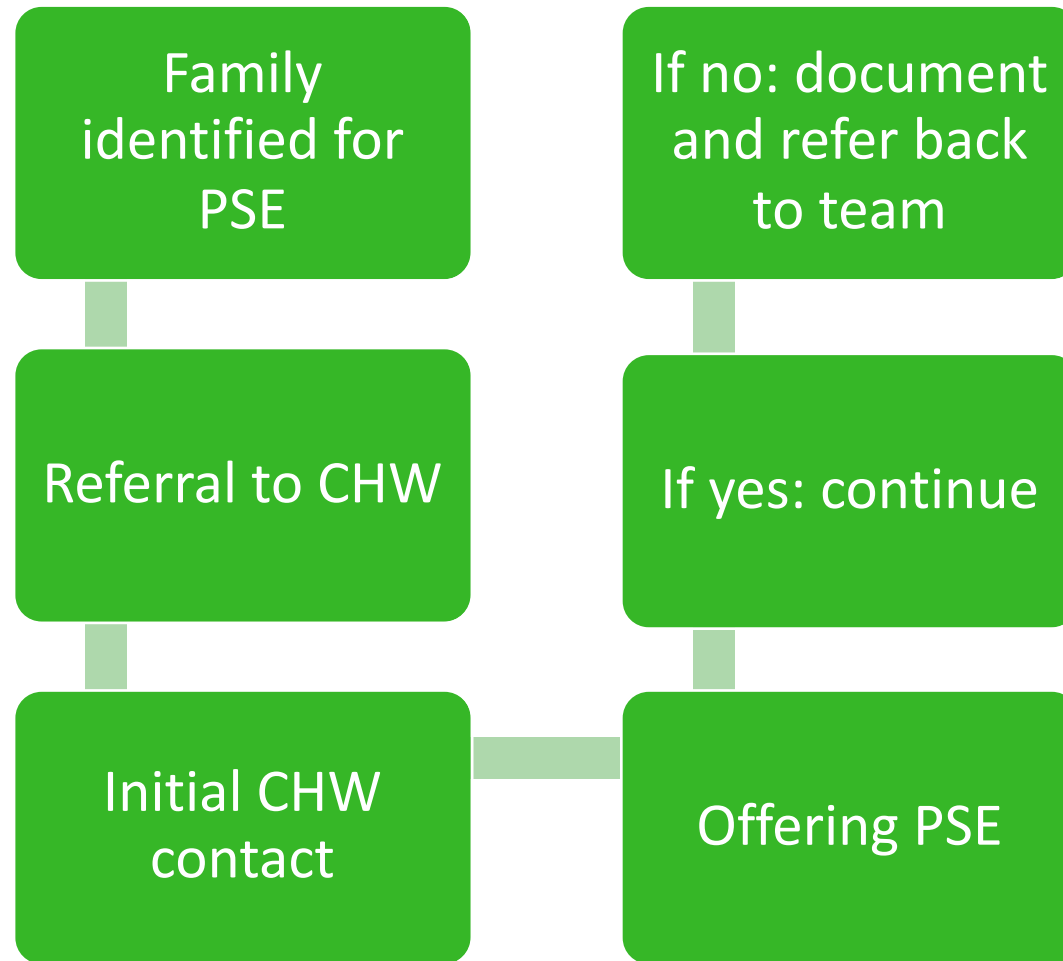
PRACTICE in BREAKOUT ROOMS

- What worked?
- What were some places you felt stuck?



- What would facilitate this work with families?
- What would make it difficult to do this work with families?
- How can you imagine doing this with parents?
- Potential workflow for using PSE







Problem Solving Worksheet

Step 1: Define “What’s the Problem?” Talk. Listen. Ask questions. Get everybody’s opinion.

Step 2: List all possible solutions. “Brainstorm” – put down all ideas, even bad ones. Get everybody to come up with at least one idea.
DO NOT EVALUATE ANY SOLUTION AT THIS POINT.

Step 3: Discuss and list the pluses and minuses of each possible solution.

Pluses

Minuses

Step 4: Choose the best possible solution and list.
(May be a combination of possible solutions)

Step 5: Plan how to carry out the chosen solution, AND set a date to start.
Date: _____

- Specifically decide who will do what. List

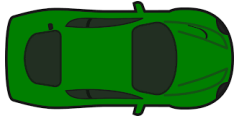
- Decide what things will be needed, list and obtain them.

- List what could go wrong and figure out how to deal with it. Practice the solution

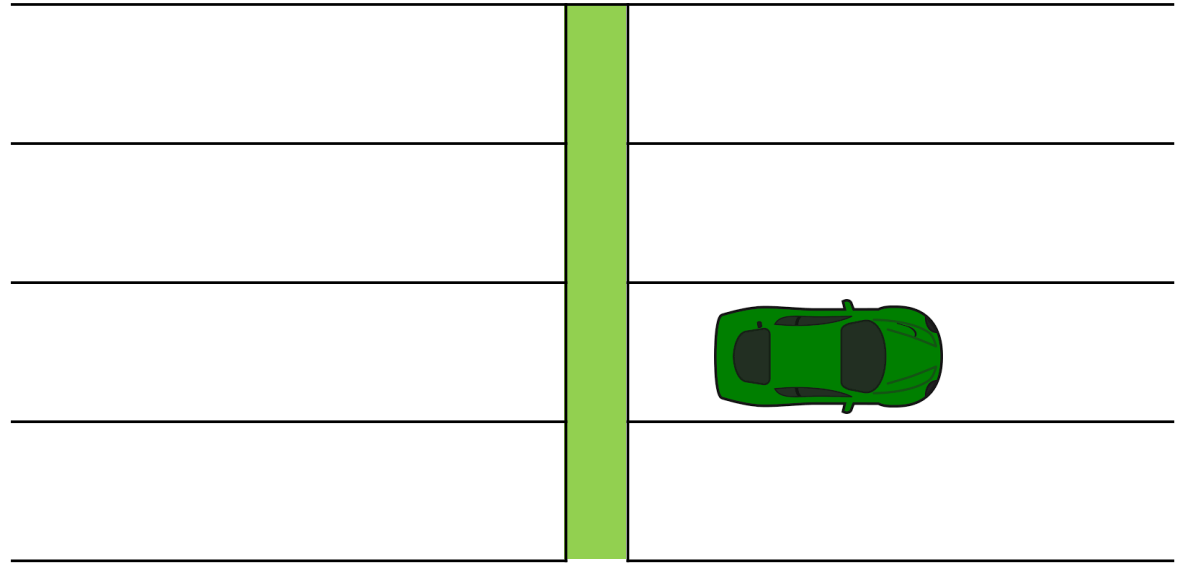
- DO IT! (On schedule)

Step 6: Review the solution and give praise to everyone who worked it out.

Step 7: If unsuccessful, go back to step 1 and try again.
Solutions often aren't perfect the first time, so don't get discouraged!



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Questions? Comments?







Date/Time	Training	Who Attends
Tuesday, August 25 th 9:30am-10am	Self Care (optional)	Anyone on the Care team
Tuesday, September 15 th 10-11am	Child Witness to Violence Consults	Anyone on the Care team
Friday, September 18 th 9am-1:30pm	BRANCH Part 1	BHCs, CHW/FPs, clinical supervisors